

Wisconsin Department of Health and Family Services

Oral Health Access Grant

Request for Proposal (RFP) 1579-DPH-BC

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1 Announcement

DHFS has \$1,876,300 in funds available for grants that will expand access to oral health care for Wisconsin's at risk population. A one-time competitive grant program has been established to create and improve local community efforts to increase access to oral health services. Awards may range between \$25,000 and \$500,000 to expand or create successful local programs. No match or in-kind funds are required, but grant proposals must provide information on sustainability.

Proposals may be used for a variety of oral health access initiatives, including but not limited to: building capacity; sustaining services; employing or contracting with providers of preventive and restorative dental services; subsidizing services to uninsured or underinsured individuals; training and mentoring providers and service learning programs.

- Grant funds may be used for infrastructure, facilities construction, capital equipment or other expenditures related to serving individuals at highest risk of oral disease or significant negative outcomes if left untreated. Please see § 3.2 for description of Target Population.
- Grant funds may be used to support increased access to direct services. Grant funds may be used to provide direct services for individuals who are not currently enrolled in Wisconsin's Medicaid/ BadgerCare Program and not currently covered by other dental insurance.
- If a grant proposes to provide direct oral health services, the grantee should establish a mechanism of billing for services provided to Medicaid/BadgerCare Program enrollees. This grant will not fund direct services for individuals who are already insured by the Wisconsin's Medicaid/BadgerCare program or are covered by other dental insurance.
- If a grant proposes to provide direct oral health services for individuals who are not currently enrolled in Wisconsin's Medicaid/ BadgerCare Program and not currently covered by other dental insurance, service rate estimates should be based on the *Wisconsin Medicaid Dental Maximum Allowable Fee Schedule* http://dhfs.wisconsin.gov/medicaid4/maxfees/pdf/maxfee08_dental.pdf
- If a grant proposes to provide direct oral health services, the grantee should establish a mechanism for building capacity and sustainability of services to serve more people (such as expanding workforce, facility construction and equipment purchase).
- Pursuant to Wisconsin Joint Committee Finance action on December 14, 2006 all grant recipients must demonstrate their ability to sustain the program once the grant funding is expended.

The contract period is anticipated to begin on March 1, 2007 and end June 30, 2008. Applicants should define the proposed contract time frame. The actual dates are dependent upon grantee and contract negotiations. Intent to Award Notifications are anticipated by February 21, 2007.

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2 Background / Justification

Oral diseases affect the most basic human needs: the ability to eat and drink, swallow, maintain proper nutrition, smile, and communicate. Poor oral health can have profound adverse health, economic, and social consequences for children and adults.

The social and health impact of oral diseases in children is substantial. More than 51 million school hours are lost each year to dental-related illness. Children from low income families suffer twice as much from dental decay as their more affluent peers, and their disease is more likely to be untreated. Poor children suffer nearly 12 times more restricted-activity days due to oral health problems than children from higher-income families. Pain and suffering due to untreated diseases can lead to problems in eating, speaking, attention to learning, and behavior.

Both nationally and in Wisconsin there is an alarmingly high level of unmet need for oral health care. A variety of obstacles may deter individuals from obtaining the dental care they need. These barriers may be financial, geographic, educational, linguistic, cultural, provider-related, or a shortage of providers. The two most critical barriers to oral health care are limited access to care and lack of understanding about the importance of oral health.

Oral health is a pressing public health issue. The state health plan, *Healthiest Wisconsin 2010*, identifies eleven health priorities for the state. One of these priorities is improving Access to Primary and Preventive Health Services, which includes improving access to oral health care. The 2010 outcome objectives related to oral health aim 1) to increase ongoing preventive and restorative oral health care to low-income and uninsured individuals by ten percent and 2) to ensure that at least seventy percent of uninsured Wisconsin residents receive oral health services each year.

3 Requirements for Proposals to Improve Access to Oral Health

3.1 Applicant Eligibility

Eligible applicants include and are not limited to: colleges, universities, schools (preschools including Head Start, elementary, secondary, etc.), local health departments, community health centers, safety net clinics, health care associations, faith based organizations, and private providers.

3.2 Target Populations

Funding for this program is targeted to individuals at highest risk of oral disease or significant negative outcomes if left untreated. Targeted recipients may include:

- Medicaid or BadgerCare Enrollees
- Low Income, Uninsured or Under Insured people
- People with Disabilities
- Pregnant Women
- Seniors

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3.3 Award Criteria

Grants will be awarded based on a number of factors including: creative approaches to address access issues; evidence based approaches; capacity building and sustainability plans; coverage of primary, preventive, and/or restorative dental health services; and diverse partnerships (*see scores outlined in §7*). It is possible that a grant may be awarded to a proposal that does not have the highest score to ensure coverage of diverse geographic regions of the state. Preference will be given for applications in high dental need regions, poverty in the area, target population served, ability to build infrastructure, and sustainability of the project.

3.4 Description (Scope) of Project

The goal of the grant funds is to improve access to dental care in project areas or for target populations. Describe how the project will improve access to oral health for identified target groups. The grantee is responsible for assuring the planning, implementation, and evaluation of the oral health access program. Please refer to the Narrative Grant Proposal outlined in § 7.

4 Submittal of Application

Grant application narrative should be 12 point font, single spaced with one-inch margins. Please refer to the Request for Application form (See § 5) for other materials and proposal format requirements.

4.1 Intent to Apply

Prospective applicants are requested, but not required, to submit a Notice of Intent to Apply by January 08, 2007. Submittal of the Notice of Intent to Apply does not commit an agency to submitting an application. Send to:

Jennifer Padden
paddej1@dhfs.state.wi.us
FAX to (608)267-0358

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4.2 Application Due Date

The original application with five copies of the application (total of six) must be received by the DPH on or before 3:00 PM, February 05, 2007 to:

Debra Hess
Division of Public Health
Bureau of Community Health Promotion
1 West Wilson Street, Room 218
Madison, WI 53707

Applications must be received in the above office and time-stamped upon receipt. Bids not so stamped will be considered late. Receipt of an application by the State mail system does not constitute receipt of a bid by the Wisconsin Department of Health and Family Services, for purposes of this request. All applications must be packaged, sealed, and show the following information on the outside of the package:

- Proposer's name and address
- RFP Title, number and due date.

4.3 Questions and Clarifications

Questions, clarifications, concerns or requests for additional information regarding this RFP and supporting documentation should be sent in writing, preferably via email, through January 26, 2007 to:

Jennifer Padden
paddej1@dhfs.state.wi.us
FAX to (608)267-0358

To the extent possible, Department staff will compile and provide responses to questions on a weekly basis. Copies of all questions and answers will then be posted to the DHFS web site with the RFP and emailed to all proposers who respond with a Notice of Intent to Apply.

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5 Request for Application

Arrange the application in accordance with the proposal checklist.

APPLICANT INFORMATION		
Name of Proposal:		
Fiscal Agent:		
Address:		
Contact Person:		
Telephone:		
E-mail:		
		PAGE NUMBER
PROPOSAL		
✓	Table of Contents and Checklist	1
	Grant Proposal Form (§ 6)	2
	Narrative in the following order, using these headings: (§ 7)	4
	❖ Project Summary	
	❖ Goals, Objectives, Outcomes	
	❖ Work Plan Description	
	❖ Capacity and Experience of Partners and Key Staff	
	❖ Evaluation	
	Budget Worksheet (§ 8)	
	Budget Justification Worksheets (§ 8)	
	Work Plan (§ 9)	
APPENDIX		
	Key staff bio-sketches	
	Letters of endorsement or support (optional)	
	Relevant and appropriate materials, forms, etc. (optional)	

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6 Grant Proposal Form

1. **Name of proposal:** _____

2. Applicant

A. Applicant (fiscal agent) requesting funds			
(Applicant Agency): _____			
Name (provide legal name): _____			
Contact person (including prefix): _____			
Address: _____			
City: _____	State: _____	ZIP: _____	
Phone: _____	Fax: _____		
E-mail address: _____	Web Site	_____	
Federal tax ID: _____			
B. Project manager (If different from above - including prefix)			
Name: _____			
Address: _____			
City: _____	State: _____	ZIP: _____	
Phone: _____	Fax: _____		
E-mail address: _____			

3. Project information

A. District Service Area(s) including site name, city & county:	
B. Groups served by project:	
Check all that apply	
Age	
<input type="checkbox"/> Infants (0 – 1)	
<input type="checkbox"/> Children (2 - 12)	
<input type="checkbox"/> Adolescents (13 - 17)	
<input type="checkbox"/> Adults (18 - 64)	
<input type="checkbox"/> Seniors (65+)	
<input type="checkbox"/> Pregnant women	
<input type="checkbox"/> People with disabilities	
Check all that apply	
Racial and Ethnic	
<input type="checkbox"/> American Indian	
<input type="checkbox"/> Asian or Pacific Islander	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	

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Grant Proposal Form (continued)

4. Date project to begin _____

5. Total project budget

Funding Sources	Year 1
Oral Health Access Grant Program Fund	\$
Other Sources of Cash In-Kind (optional)	\$
Total Project Budget	\$

**6. List all partners providing sources of in-kind identified in Question #5
(Optional)**

1.	
2.	
3.	
4.	
5.	
6.	

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7 Narrative Grant Proposal

Please respond to the following grant narrative requests.

Project Summary - 20 points – limit 1 page

- Explain the need for implementing an Oral Health Access Grant in your community. Please include any supporting regional, county, and community data.
- Identify and describe the target population.

Goals, Objectives, Outcomes – 20 points – limit 1 page

Describe the primary goal, project objectives and measurable outcomes of your proposal.

Work Plan Description – 20 points – limit 2 pages

- Describe the plan to develop and sustain access to oral health. If this application involves clinical services, please include:
 - Documentation of the scope of services *(if applicable)*
 - Primary, preventive, and/or restorative services
 - hours of services
 - informed consent documentation
 - plan for record keeping and confidentiality
 - clinical procedures
 - cultural sensitivity
 - Medicaid/BadgerCare billing mechanism
 - How will you increase capacity?
 - What geographic areas will you serve?
 - What population will you serve?
- Describe the plan for establishment of Community Partnerships or an Advisory Committee. *(If applicable.)*
- Describe the plan for sustainability. Pursuant to Wisconsin Joint Committee Finance action on December 14, 2006 all grant recipients must demonstrate their ability to sustain the program once the grant funding is expended.
- Describe the plan to increase workforce capacity, which may include development and provision of training and mentoring programs. *(If applicable.)*
- Describe the plan to purchase dental equipment and/or expand infrastructure, capacity, construction and or renovations. *(If applicable.)*
- Describe your approach to implementation which may include:
 - Adherence to clearly defined timeline and plan
 - Ability to adjust said plan in accordance with the needs of the program
 - Accommodation of a site visit if requested.
 - Community partnership engagement

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Evaluation – 20 points – limit 1 page

Describe your written report. Written reports, both programmatic and financial, will be expected as a progress report (half way through contract period), an outcomes report (within 90 days of contract period completion) and a follow-up report (12 months after contract period completion).

- If direct services are provided (primary, preventive, and/or restorative) how will your program evaluate measurable outcomes:
 - Type and scope of services
 - Target population served
 - Geographic service area
- Community partnerships that improve access to oral health services
- Monitoring progress through technical assistance and site visits available from DHFS staff

Capacity and Experience of Partners and Key Staff – 20 points – limit 1 page
(include bio-sketch limited to 1 page each of key staff members in the appendix)

- Describe how your entity will address service provision including:
 - Site(s) of service
 - Role of service providers
 - Role of key staff
 - Proposed reimbursement mechanism
- Describe partner and key staff experience related to:
 - Providing dental services
 - Serving members of low-income or uninsured communities
 - Administering government funded programs and grants
 - Coordinating community efforts
- Describe how your entity will ensure successful program implementation?
Identify:
 - Program Coordinator
 - Cultural Competence
- Describe how your entity will accommodate potential site visits and technical assistance provided by DHFS program staff?

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8 Budget Worksheet

Budget Worksheet			
Agency requesting funds:			
Name of proposal:			
Project start date:			
Budget	Oral Health Access Grant Funds	Other Sources Community In-kind (Optional)	TOTAL
A. Salary			
B. Fringe Benefits			
C. Equipment			
D. Supplies			
E. Construction / Capacity Building			
F. Travel			
G. Consultants/Contracts			
H. Other Costs (Rent, utilities)			
I. Total Oral Health Access funds request			
TOTALS (In-kind and Oral Health Access Grant Request)			
J. In-Kind Funds: List below if applicable			
*Other Sources of In-Kind			
*Oral Health Access Grant Program Request			
K. Total Project Budget			
INSTRUCTIONS: <i>Include supporting detail for Oral Health Access Grant Funds budget request in the separate Budget Justification Worksheets provided.</i> <i>Submit only the Budget Justification Worksheets that support your request.</i>			

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8.1 Salary & Fringe

Budget Justification Worksheet – Salary & Fringe						
Applicant requesting funds:						
Salaries					Requested Funding	
Name of Individual or “TBD” (to be determined)	Role/Title on Project	Annual Salary	Percent Effort on Project	Fringe Benefit Rate	Salary	Fringe Benefits
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total						
Notes:						
INSTRUCTIONS:						
<p><i>Use this form to describe budget requests for salary and fringe.</i></p> <p><i>List by title, each position that will be supported in whole or in part with grant funds or in-kind funds.</i></p> <p><i>Complete all columns for each position. In the Grant Amount column, indicate the total salary that will be paid with grant funds during the annual grant period.</i></p> <p><i>If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds.</i></p> <p><i>Explain briefly what the positions will do.</i></p>						

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8.2 Equipment and Supplies

Budget Justification Worksheet - Equipment and Supplies Budget				
Applicant requesting funds:				
Equipment and Supplies	Quantity	Price Per	Total	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL – Year ____			\$	

INSTRUCTIONS:

Estimate cost for each type of expenditure and itemize in the space provided.

Examples of cost to be included in this category include medical, dental, laboratory, and education/outreach supplies.

Use the notes section to explain the need for project equipment.

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8.3 Construction / Capacity Building

Budget Justification Worksheet – Construction / Capacity Building Budget		
Applicant requesting funds:		
Construction / Capacity Building	Notes	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTAL – Year ____		\$
INSTRUCTIONS:		
<p><i>Estimate cost for each type of expenditure and itemize in the space provided.</i></p> <p><i>Examples of cost to be included in this category could include infrastructure and facility construction and renovation costs.</i></p> <p><i>Use the notes section to explain the need for construction / capacity building items.</i></p>		

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8.4 Travel Budget

Budget Justification Worksheet – Travel Budget		
Applicant requesting funds:		
Travel	Notes	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTAL – Year ____		\$
INSTRUCTIONS:		
<i>List travel costs that will occur as a result of grant activities.</i> <i>Use the notes section to explain the need for travel.</i>		

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8.5 Consultants / Contracts

[illegible]

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8.6 Other

Budget Justification Worksheet - Other		
Applicant requesting funds:		
	Notes	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTAL – Year ____		\$
INSTRUCTIONS:		
<i>Include costs such as rent, telephone, utilities, staff development, recruitment, office supplies, postage, printing, and data processing.</i>		
<i>Use the notes section to itemize “other” budgetary needs.</i>		

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8.7 In-Kind Identification

In Kind Identification Worksheet (Optional)						
Applicant requesting funds:						
Salary and Fringe (By Position Title)	ANNUAL SALARY RATE	NUMBER MONTHS BUDGETED	% TIME	GRANT AMOUNT	PROGRAM IN-KIND	TOTAL GRANT and PROGRAM IN-KIND
FRINGE BENEFITS (_____ %)						
TOTAL CATEGORY						
Equipment and Supplies						
TOTAL CATEGORY						
Construction / Capacity Building						
Travel						
TOTAL CATEGORY						
Consultant and Contractual						
TOTAL CATEGORY						
Other (Agency Operations)						
TOTAL ALL COSTS CATEGORIES						

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9 Work Plan Template

Work Plan				
	Activities & Tasks to Achieve Objective	Personnel Responsible	Expected Completion Date	Outcomes
1.				
2.				
3.				
4.				
5.				

Sample Work Plan				
	Activities & Tasks to Achieve Objective	Personnel Responsible	Expected Completion Date	Outcomes
1.	<i>Additional hours are scheduled for families and children in school.</i>	<i>Jane Smith</i>	<i>Dec. 31, 2007</i>	<i>By Dec. 31, 2007 25% of all patients served will be children (18 years and under). (Baseline 19% in 2005)</i>
2.	<i>Dentist and dental hygienist provider contracts are complete.</i>	<i>Jane Smith</i>	<i>Dec. 31, 2007</i>	<i>By Dec. 31, 2007 there will be an increase of 450 patients served with preventive services. (Baseline 1,863 in June of 2005)</i>
3.	<i>Equipment is purchased to improve clinical provider efficiency.</i>	<i>Jane Smith</i>	<i>Dec. 31, 2007</i>	<i>By Dec. 31, 2007 there will be an increase of 400 patients receiving restorative services. (Baseline 1,951 in June of 2005)</i>
4.				
5.				

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10 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by proposers in replying to this RFP.

11 Non-Discrimination Against Employees Or Applicants For Employment

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.